

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: MARION HOUSE (310472)
Address: 401 S PRAIRIE ST, WAUKESHA, WI 53186
License Status: REGULAR
Licensed/Certified/Registered 05/01/1994
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096276 **End Date:** 01/31/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008891 Served 02/03/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(a)	HEATING		

Survey ID: 0095902 **End Date:** 11/09/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008858 Served 11/17/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	01/19/2006	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	12/30/2005	Yes
83.55(4)(e)	SAFETY	01/09/2006	Yes

Survey ID: 0095050 **End Date:** 06/17/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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Survey ID: 0093030 End Date: 06/24/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008725 Served 07/28/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(4)(b)3	BATTERY OPERATED AND 5 YEAR DELAY	04/19/2005	Yes

Survey ID: 0091296 End Date: 09/16/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008927 Served 10/24/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	06/23/2004	Yes
83.43(5)(a)4	ENCLOSED FURNACE ROOM	06/23/2004	Yes
83.51(3)(a)	SMOKE SEPARATION	06/23/2004	Yes

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Enforcement History

Date: 07/26/2004 **SOD #**10008725 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(a)

FORFEITURE---83.43(4)(b)3

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Complaint History

Date Complaint Received: 12/29/2005

Date Investigation Completed: 01/31/2006

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

10008891

Date Complaint Received: 06/28/2005

Date Investigation Completed: 11/09/2005

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/04/2004

Date Investigation Completed: 07/12/2004

Subject Area(s)

RESIDENT RIGHTS

NUTRITION & FOOD SERVICES

MEDICATIONS

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/13/2003

Date Investigation Completed: 07/12/2004

Subject Area(s)

RESIDENT RIGHTS

PHYSICAL PLANTS & SAFETY HAZARDS

NUTRITION & FOOD SERVICES

MEDICATIONS

STAFF TRAINING AND PROFICIENCY

PROGRAM SERVICES

QUALITY OF LIFE

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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